

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34907

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 701
Primary Registration District No. 3

File No.....
Registered No. 9086
St. Ward)

2. FULL NAME

(a) Residence, No. 4912 Natural Bridge St. 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Amos C. Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Anna C. Blackman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norfolk Virginia

17. INFORMANT (ADDRESS) Manly W. Mann 843 Newport Ave. Webster Grov. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Oct. 19, 1933

19. UNDERTAKER (ADDRESS) Wm. H. Hermann & Son 1143 East 12th St. St. Louis

20. FILED OCT 21 1933 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933, to Oct 19, 1933

I last saw him alive on Oct 19, 1933 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
107A
1070
Date of onset

Other contributory causes of importance:

Bronchial Pneumonia
8

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Isaac Schatzman, M. D.

(Address) 3403 Myrtle St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

